

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-673)

SERIAL NO.  
**09/762767**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		1		1		
4		2		2		
5		2		2		
6	1		1			
7		1		1		
8	1		1			
9	1					
10		1				
11		2				
12		①				
13	1					
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46						
47						
48						
49						
50						
TOTAL IND.	6	0	4	0		
TOTAL DEP.	10		6			
TOTAL CLAIMS	16		10			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.		0		0		0
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS